Space Planning and Logistics

OC

Telecommunications Request Form

PLEASE PRINT OR TYPE

User Name	Today's Date / Date Required
Phone & Pager Number	Contact Name
☐ PM Employee ☐ Contractor	Phone & Pager Number

Request: *In your own words, please describe your request with as much detail as possible*

MOVE ☐	CHANGE ☐	NEW ☐

CURRENT LOCATION	NEW LOCATION
Department Name & Cost Center	Department Name & Cost Center

Relocate Only	Current Phone Type	Downgrade/upgrade to	New Voice/Data Jack ☐
Extension #:	120 (1 line) ☐	120 ☐	Location:
From jack #:	240 (multi-line) ☐	240 ☐	
To jack #:	240 Speaker ☐	240 Speaker ☐	**Dialing Capabilities:**
Data Port #1:	240 Display ☐	240 Display ☐	Local ☐
Data Port #2:	400 Display ☐	400 Display ☐	Local/PM Network ☐
Analog:	400 Speaker ☐	400 Speaker ☐	Long Distance:
Fax:	Wall ☐	Wall ☐	Continental US ☐
	Desk ☐	Desk ☐	International ☐

Written business justification from requester's management required for display phones or long distance requests.

Rename	Voice Mail	New Analog	Data Connection
Extension:	No change ☐	Modem ☐	Specify quantity:
From:	Individual ☐	Fax ☐	Ethernet ☐ #
To:	Shared ☐	Extension	Host 3270 ☐ #
	Not needed ☐	(Requires *Analog Line Survey Form*.)	Local talk ☐
		Contact your IS Business Analyst for Modem Server connections.	Token Ring ☐
			(Call PC Support if you have a question on data connection type.)

ANALOG LINE SURVEY AND PAGER REQUEST FORMS CAN BE OBTAINED FROM YOUR FACILITY COORDINATOR.

Department Manager's Approval Signature and Date

Manager's Name Printed and Extension

Return via e-mail or fax to:
Bill Savage, ext. 44055
Fax: 45814

Rev. 6/00

PM3000396329

Source: https://www.industrydocuments.ucsf.edu/docs/ztdl0001